

Electronic Patent Application Fee Transmittal**Application Number:**

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Title of Invention:

DRUG DISPENSER

First Named Inventor/Applicant Name:

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Attorney Docket Number:

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U.S. National Stage under 35 USC 371 Filing Fees**Description****Fee Code****Quantity****Amount****Sub-Total in
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Description	Fee Code	Quantity	Amount	Sub-Total in USD(\$)
Miscellaneous:				
Submission- Information Disclosure Stmt	1806	1	180	180
Total in USD (\$)				180